

Testimony before the Select Committee on Children
February 8, 2011
Opposition to SB 198

Good afternoon, Representative Urban and members of the Select Committee on Children. My name is Alicia Woodsby, and I am the Public Policy Director for the National Alliance on Mental Illness, or NAMI-CT. We are the largest member organization in the state of people with mental health disorders and their families.

NAMI-CT is opposed to SB 198, An Act Concerning Riverview Hospital. First and foremost, NAMI-CT supports prevention, early intervention, and access to a continuum of community based and in-home treatment options for children and families, as opposed to the need for institutional settings for children with mental health needs. **Early identification is key to effective treatment, reduces the likelihood of multiple disorders, and keeps costs down.**

We are also opposed to keeping children in restrictive and inappropriate levels of care because there are no appropriate options to meet their treatment needs.

That being said, the state cannot close Riverview Hospital until an comprehensive action plan is implemented that creates adequate alternatives for children requiring hospitalization and diverts children with significant mental health needs to intensive home and community services and programs.

Children and youth with specialized treatment needs have extremely limited access to in-state treatment programs and are routinely referred out of state. Gridlock in Connecticut's mental health system leads to inappropriate and costly placements. Children with acute psychiatric needs remain stuck in hospital emergency rooms and general pediatric wards because many inpatient beds are filled with children who need less restrictive placements that are simply not available.

We continue to urge the state to develop a DCF led and coordinated planning process with CT's Child Guidance Clinics, children's residential providers, families and advocacy organizations, and other relevant stakeholders to bring out of state placements back into Connecticut and strategically plan for the mainstreaming of these children back into their communities.

We also urge the state to spend DCF money differently and more productively through specialized services that wraparound the child and the family and are based on individual need. We repeatedly hear stories of children who are placed in a particular service type or level of care because it was the only slot available, and not because it is actually what the child needs.

By reallocating existing behavioral health resources to implement and sustain evidence-based practices (EBP's) and promising practices whenever possible, the state will help divert children from expensive inpatient hospitalization or residential placements -- *saving hundreds of thousands of dollars per child per year.*

Lastly, there is considerable concern that Riverview is used to evaluate youth referred from Juvenile Courts and that most of these young people do not need hospital level of care. This must be evaluated to determine what kinds of outpatient comprehensive mental health evaluations can be done, how many youngsters really need to be in a secure setting while being evaluated, and in what kind of setting.

Thank you for your time. I am happy to answer any questions that you have.